



D&S Diversified Technologies LLP

Headmaster LLP

D&S DIVERSIFIED TECHNOLOGIES, LLP -HEADMASTER, LLP
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Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ (mm/dd/yyyy)

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Table with 5 columns: # REQUESTED, TESTS / SERVICE REQUESTED, SELF-PAY TESTING FEES (UNSPONSORED), SPONSORED CANDIDATE (checkboxes for DDS, DMH, DCF, MRC), TOTALS. Rows include Knowledge Test, Medication Administration Test, Test Review Fee, Refund Request Fee, D&SDT Staff-Assisted Reschedule, No Show, Priority Fax Service, and GRAND TOTAL.

ADA ACCOMMODATION

I need special accommodations under the Americans with Disabilities Act. To qualify for special accommodations, you must provide written documentation of your disability along with your application. ADA form 1404 is available at www.hdmaster.com or call D&SDT-HEADMASTER at (888)734-6211.

Note: If payment is made by credit/debit card and the fee is disputed, you will be charged a \$35 charge back fee along with any testing fees. If this is a re-take test, I must re-test only on the portion that I failed. I understand that if I paid by credit/debit card that my credit/debit card will be billed for the knowledge and/or medication administration test or for the portion of the test that I failed plus the fax fee (if I fax this payment form to D&SDT-Headmaster). PLEASE CALL (888)734-6211 IF YOU DO NOT RECEIVE AN E-MAIL AND/OR TEXT MESSAGE WITHIN 5 BUSINESS DAYS LETTING YOU KNOW YOUR FEES HAVE BEEN PAID AND YOU ARE READY TO SCHEDULE INTO A TEST EVENT.

CANDIDATE'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

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